

An Essay

on

Puerperal Convulsions

by

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of

Virginia.



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Puerperal Convulsions.

The selection of this disease as the subject of my Thesis was not made with the expectations of advancing anything new but solely with the view of investigating it as well as my opportunities would permit with the earnest hope that I might be enabled to form an opinion as to its Pathology, Nature and Treatment. I have been further influenced in this selection as Puerperal Convulsions are one of those subjects upon which the Medical World has been long divided, and the study of which is for the most part calculated to obscure the ideas of the student and to fill his mind with unpleasant anticipations, when about to enter upon the duties of his Profession. We have on this subject but little more than theory, and the theories which have been advanced are of such a different nature and require such different treatment, that instead of forming a correct opinion, we are likely, when we think we are about to reach a safe anchorage, to be buffeted and driven back untill we are enveloped in the thick

midst of the surrounding waves, and are almost ready
 to despair of arriving at the wished for port. This is
 strongly exemplified in consulting the different authors
 who have written on this disease; for one, considering
 it as arising from rigidity and extreme sensibility
 of the uterine fibres— another from over distention
 of the uterus— and another from a neurosis of
 the system in general, and, each one having his
 own treatment; I ask, what is in itself better calcu-
 lated than such doubt and speculation to bewilder
 and confound the student? It is indeed discouraging
 to him, let me not however be understood as say-
 ing that this path is altogether blind; far be it from me.
 Although there has been since the first dawn of me-
 dicine so great a contrariety of opinions on this subject,
 and although the sun of genius has shone but with a faint
 light upon it, some have been able in very many instan-
 ces to bring to a favourable termination this, one of the
 most alarming diseases to which all those who "Love their Lord"

are liable.

Convulsions may take place at any period of gestation, but they occur most frequently between the sixth and ninth months; they may also take place after delivery, but this is rare. They are preceded by Headache, Tinnitus Aurium, Dull, suffused eyes, Indistinct vision, Flashes of fire in the eyes, and a number of symptoms which warn us of the approach of something serious. They are of Three Kinds. Epileptic, Hysterick and Apoplectic. Bland is of opinion that the Epileptic occur fifty times where the others occur once. Bland asserts that the Epileptic partake more of the Apoplectic than Hysterick species, and I am inclined to think from his pathological views of the subject, that it is his belief that the Apoplectic are more frequently met with than is generally suspected. He says, that as pregnancy advances, the greater uterine sensibility declines, and after quickening mostly ceases, and the womb at the same time increasing in size, presses the Intestines into a much smaller

less space than is natural to them, and consequently that
 the Aorta and other large vessels are compressed and de-
 termination to the head is produced; she, moreover, says
 that in conjunction with this, the violent and after im-
 prudent efforts of the women drive the blood with
 such force upon the brain, that rupture of vessels,
 extravasation and Apoplexy follow each other in quick
 succession. Mr Hamilton views on the other hand would
 lead us to believe, that the uterus retained its sensibility un-
 till the latest period of pregnancy, and accordingly he says
 that convulsions may arise either from extreme sensibi-
 lity in the Cervix and os uteri, or from over distention
 of the uterus itself. Barz admits the former of Hamil-
 ton's opinions to be probably a cause of Epileptic Con-
 vulsions, but denies indirectly that the latter exists at
 all as a cause. Baudelocque says that those which
 arise during labour may be owing to extreme sen-
 sibility of the uterine fibres, violent distention of
 the Cervix and os uteri, and of those parts which form

The entrance of the Pudendum. Rupture of the uterus
 and on a rarefaction of the blood and consequent aug-
 mentation of its volume in consequence of the heat
 excited by the continued efforts of the woman. How-
 ever correct Baudelocque may be in his opinions in ge-
 neral, this latter one must I think be acknowledged to
 be incorrect, for it has been satisfactorily ascertained
 (and we have Dr Chapman's word for it) that blood is
 not an effervescing fluid. Dr Denman says that the
 disease occurs mostly in Cities and among the higher
 ranks of life, and that it is produced most proba-
 bly by the unwholesome air, or by changes affected in
 the constitution by the manner of living. This is said
 by Dr Denman not to be the fact, but that he has seen
 as many cases if not more, in the country and in
 the humbler walks of life than in any other situ-
 ation. With due deference to Dr Denman's opinion, I must say
 (if I may be allowed an opinion) that I have always
 been and am still persuaded that Dr Denman is

correct, and I think I have grounds for my opinion, for in the part of the country in which I live there is but little wealth comparatively speaking, and the people are for the most part compelled to lead a temperate and active life, and I have never during my recollection known more than two cases of General Convulsions, and both of these were women who lived luxuriously and exercised but little. There are various other opinions on the subject, beside those I have stated but it is unnecessary for me to enumerate them all. Notwithstanding, however, all the conjectures and inquiries as to the proximate cause of this disease, it is still somewhat obscure; enough however is known to direct the cautious hand to a happy termination of it in many cases, and just enough to inspire the energetic with a desire of farther investigation, and is a fit subject for exciting in the breast of the young practitioner a laudable spirit of emulation, which alone can

promise to him That distinction in his profession which is so desirable.

It is certainly a desirable object to the Physician to be able to distinguish the exact nature or species of Convulsions, (as the different species require such different treatment, at least the Hysterick) and I think that the systematic divisions of them into Epileptic, Hysterick and Apoplectic and the precisely ~~with~~ the symptoms of each have been enumerated by some authors are both proper and useful.

The Epileptic species as has already been stated, is believed generally to be the most frequent. The attack is mostly preceded by Dimness of vision, Vertigo, Ringing in the ear, Depraved visions or stooping down, and what is said by Dr Graves in his paper on Puerperal Convulsions, particularly to characterise this species and the Apoplectic, is a violent pain in the forehead, resembling (as the patient expresses it) the driving in of a nail. These symptoms precede the attack at different

in length of time, and it is said that the shot
 in this time is, the more violent and dangerous
 will be the convulsions. The woman is sometimes
 seized very suddenly, and without any of these
 premonitory symptoms; whilst engaged in her u-
 sual avocations, she falls down suddenly and most
 violently convulsed; to the consternation of all
 around, and too often most probably to the discom-
 fort of the young practitioner. In the majori-
 ty of instances, however, we have a prelude to the tragic
 scene and that not a little unpleasant. After the
 above mentioned symptoms have continued awhile;
 the whole body becomes convulsed, the muscles of
 the face more particularly, the eyes move with
 incredible swiftness, and the whole countenance
 assumes a most frightful aspect, The Tongue is
 thrust between the teeth, a bloody froth issues from
 the mouth, and there is a hissing noise which
 is peculiar to this species. The pulse is at first

active and strongly excited, but at length becomes quick, frequent and small, so that the pulsations can scarcely be felt. The breathing is at first difficult and oppressed, but after a time becomes more easy. The Urine and Sweat are sometimes discharged, and the body is covered with a cold, clammy sweat; These gradually subsiding, the woman remains in a comatose state, and cannot be easily roused, and when she does come to her senses, she has either an indistinct, or no recollection at all of what has passed, and there is a partial blindness frequently. This respite is however of but short duration, for the attacks are repeated again and again, if she be not relieved, and they return mostly with all the severity of labour pains; They indeed do always accompany or bring on labour, of which, it is not known whether they are causes or effects. The child is frequently born during one of these fits, yet

it would seem from a case mentioned by Dr James, in which Dr Clarke had his hands in the uterus during a convulsion, that the contractions are by no means regular like that of natural labour, but that it was very irregular and tremulous. Women are sometimes subject to Epileptic convulsions, when they are not pregnant, and if these occur during pregnancy, they do not affect the uterus, nor do they require any particular treatment. The Puerperal may be distinguished from this species by a greater number of them taking place in a given time, they are not preceded by aura, and the person recovers her sensibility sooner and more perfectly; the organs of sense are more sensible, and the child is frequently born during one of these fits, whereas in the other the uterus is not implicated. The Hypertical Spasm seldom occurs during labour, but may take place at any period before labour comes on. They

are preceded by most of the symptoms of the others, but they are not so violent; and, in addition to these, there is Glauco-
Hystericus and palpitation. The arms are thrown out
and they wish for air. The muscles of locomotion are
most affected and the body is thrown back into an
arched form. The eyes do not roll so much in this
as in the others, nor is the face so highly coloured.
Respiration is not so hurried or difficult, and the
pulse is not so much excited. The woman on com-
ing to herself will sometimes resume the thread
of her discourse and during the attack will frequent-
ly laugh and cry alternately, by these symptoms the
Hystericus may easily distinguished from the other spe-
cies.

The Apoplectic Species may occur at any period of
gestation, but is not necessarily connected with labour.
It is preceded by all the symptoms of Epileptic ex-
cept the hissing noise, but they are more urgent,
the attack comes on sooner and is more violent.

Treatment. The treatment of the epileptic species consists for the most part in depleting measures, and they are to be carried to a considerable extent, for without the use of the lancet and that fully, all our hopes will be vain in most cases. Our first object should be to have called to a case of this kind to prevent injury of the tongue, by placing a piece of soft wood between the teeth. We then open a vein by a large incision and as near the head as possible, hence the Jugular vein is by most practitioners preferred. Some recommend opening the Temporal artery, but a sufficient quantity of blood cannot be drawn from it soon enough. This may be done after the Jugular vein has been opened and it is still necessary to draw more blood. After bleeding we are to apply Blisters or Symplicons to the lower extremities, administer strong, stimulating enemata, and give a dose of Salts or some other mild purgatives, and make use of cold applications to the head; Bandeau says highly of the warm bath. We are to be careful to ascertain the state of the

Burns says that it is often impracticable and even dangerous to open the Jugular vein, and when this is the case he applies cups and leeches to the back of the neck.

Ascertain by examining per Vaginas. If we find it
 dilated or dilatable we are to introduce the hand
 and deliver by the feet, but if it is rigid and unyield-
 ing, bloodletting is to be repeated again and again
 untill the desired object is effected. It must be recol-
 lected however that we are never justifiable in forc-
 ing an entrance into the uterus. It has been
 advised by some to administer Opium in such
 cases, but it is improper. It may be used with be-
 nefit in those cases which occur after delivery
 from hemorrhage, by supporting the strength. Cam-
 phor has been strongly recommended by Hamil-
 ton, but I have not seen the use of it sanction-
 ed or proscribed by any writer on the subject.
 Whilst attending to the above remedies it must
 also be remembered that the Bladder requires at-
 tention, and that it must be emptied at pro-
 per intervals, for Convulsions have been produced
 by distention of it alone. M. Lehouer (in an ex-

tract from the Monthly Medical Chirurgical Review) thinks that the chief obstacle to delivery consists in a spasmodic contraction of the neck and mouth of the uterus. To remedy this and relieve local plethora or congestion, he advises the use of the common depletion measures, with Rhusacanth to the extremities, Cornu melleum and Relaxant enema and all proper endeavours to effect delivery, and with a view to relax the Cervix and Os Uteri, he uses Belladonna in the form of Extract, made after the following formula.

R Ext Belladonna ʒij. Moistens it with a little water, and incorporate it by trituration with ʒss. Spermaceti and or simple lard. This is to be applied directly to the mouth of the uterus by means of a small syringe rounded at its extremity, and having an aperture in the end large enough to admit the extremity of the little finger. The piston having been drawn back, a small bit of the Ointment is placed in the end of the syringe.

and by the direction of the finger it is carried to the mouth of the uterus, with which it is brought in contact. The Os Uteri is generally dilated he says in about thirty or forty minutes, without impeding the action of the fundus or body. This method, it is said has been employed by him since 1811, and under his direction by Madame La Chapelle, and Madame Legendre, and its use made public both in his lectures and in several Pharmaceutical works. However valuable this remedy may be in his opinion, I imagine it is but little used in this country. I do not recollect for my part ever to have seen or heard it recommended, but I should think that his views as to the nature of the disease are in some cases at least, correct, and that from the known powers of Belladonna it would be likely to have the desired effects, at any rate I can not see that harm could result from the trial of it in cases where the Linctus had been used.

and the Uterus still contracted.

The Striptical Species having seldom any connexion with labour, is treated by Antispasmodics, as Camphor, Opium, Apocynum, Valerian. The pulse being mostly full and tense, it is necessary to take away some blood before the administration of the above remedies. An attack of this kind may take place during labour, but it is extremely rare; They almost always attack before labour comes on, and can mostly be relieved by the remedies mentioned. If, however, they do occur during labour, and do not yield to these, delivery is to be effected by the usual means. -

The Treatment of the Apoplectic Species is much the same as that of the Epileptic, except that the remedies must be employed more promptly, and to a greater extent, mistakably, in this case, than in the other; for without this the patient will in all probability die. When, however,

we have the pleasure to see a patient conducted
in safety through this terrifying disease, we are to
advise upon her, Temperate living, Occasional
Bleedings, and an open state of bowels during
each succeeding pregnancy, advising to her at the
same time, the probable consequence of neglecting
the injunctions.

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The following is a list of the names of the persons who have been admitted to the membership of the Society since the last meeting. The names are given in alphabetical order, and the date of admission is given in parentheses. The names are given in full, and the date of admission is given in full. The names are given in full, and the date of admission is given in full.

Mr. Whitt

Superior, Mich.
1826

Purport Book

By

Hugh Nelson

of Virginia

1826

